

<i>SERFF Tracking Number:</i>	<i>ARBB-127878347</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Arkansas Blue Cross and Blue Shield</i>	<i>State Tracking Number:</i>	<i>50427</i>
<i>Company Tracking Number:</i>	<i>34-140 11/11</i>		
<i>TOI:</i>	<i>HOrg02G Group Health Organizations - Health Maintenance (HMO)</i>	<i>Sub-TOI:</i>	<i>HOrg02G.002C Any Size Group - HMO</i>
<i>Product Name:</i>	<i>Special Amendment</i>		
<i>Project Name/Number:</i>	<i>Amendment/34-140 11/11</i>		

Filing at a Glance

Company: Arkansas Blue Cross and Blue Shield

Product Name: Special Amendment

SERFF Tr Num: ARBB-127878347 State: Arkansas

TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)

SERFF Status: Closed-Approved-Closed
State Tr Num: 50427

Sub-TOI: HOrg02G.002C Any Size Group - HMO

Co Tr Num: 34-140 11/11 State Status: Approved-Closed

Filing Type: Form

Reviewer(s): Rosalind Minor
Disposition Date: 12/08/2011

Authors: Christi Kittler, Yvonne McNaughton, Frank Sewall, Rita Thatcher, Evelyn Laney

Date Submitted: 12/08/2011 Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: Amendment

Status of Filing in Domicile: Pending

Project Number: 34-140 11/11

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments: Arkansas is state of domicile.

Explanation for Combination/Other:

Market Type: Group

Submission Type: New Submission

Group Market Size: Small and Large

Group Market Type: Employer

Overall Rate Impact:

Filing Status Changed: 12/08/2011

State Status Changed: 12/08/2011

Deemer Date:

Created By: Evelyn Laney

Submitted By: Evelyn Laney

Corresponding Filing Tracking Number:

PPACA: Not PPACA-Related

PPACA Notes: null

Filing Description:

Attached please find form 34-140 11/11 for your review and approval if indicated.

The form amends the definition of Full-Time Employment to require 40 hours per week and 48 weeks per year. This

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 Maintenance (HMO)
 Product Name: Special Amendment
 Project Name/Number: Amendment/34-140 11/11

amendment may be used with any Evidence of Coverage previously approved by your department.
 Also attached is a Flesch Reading Ease score certification signed by an officer of the company as required by Arkansas Code Annotated §23-80-206(d).
 I certify that the submission meets the provisions of Arkansas Insurance Department Rule & Regulation 19. I further certify that the Life and Health Guaranty Association Notices required by Arkansas Insurance Department Rule & Regulation 49 and the consumer information notice required by Arkansas Code Annotated §23-79-138 are incorporated in the Evidences of Coverage to which this amendment is attached. Please feel free to contact me at 378-2967 with any questions you may have.

Company and Contact

Filing Contact Information

Evelyn Laney, Senior Compliance Analyst exlaney@arkbluecross.com
 320 West Capitol, Ste 211 501-378-2165 [Phone]
 Little Rock, AR 72201 501-378-2975 [FAX]

Filing Company Information

Arkansas Blue Cross and Blue Shield CoCode: 83470 State of Domicile: Arkansas
 601 S. Gaines Street Group Code: Company Type:
 Little Rock, AR 72201 Group Name: State ID Number: N/A
 (501) 378-2967 ext. [Phone] FEIN Number: 71-0226428

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No
 Fee Explanation: \$50.00
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Arkansas Blue Cross and Blue Shield	\$50.00	12/08/2011	54364019

Correspondence Summary

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	12/08/2011	12/08/2011

SERFF Tracking Number: ARBB-127878347 *State:* Arkansas
Filing Company: Arkansas Blue Cross and Blue Shield *State Tracking Number:* 50427
Company Tracking Number: 34-140 11/11
TOI: HOrg02G Group Health Organizations - Health Sub-TOI: HOrg02G.002C Any Size Group - HMO
Maintenance (HMO)
Product Name: Special Amendment
Project Name/Number: Amendment/34-140 11/11

Disposition

Disposition Date: 12/08/2011

Implementation Date:

Status: Approved-Closed

HHS Status: HHS Approved

State Review: Reviewed-No Actuary

Comment:

Rate data does NOT apply to filing.

State: *Arkansas*

State Tracking Number: 50427

HOrg02G.002C Any Size Group - HMO

Project Name/Number: Amendment/34-140 11/11

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Health - Actuarial Justification	Approved-Closed	Yes
Supporting Document	PPACA Uniform Compliance Summary	Approved-Closed	Yes
Form	Amendment	Approved-Closed	Yes

SERFF Tracking Number: ARBB-127878347 State: Arkansas

Filing Company: Arkansas Blue Cross and Blue Shield State Tracking Number: 50427

Company Tracking Number: 34-140 11/11

TOI: HOrg02G Group Health Organizations - Health Sub-TOI: HOrg02G.002C Any Size Group - HMO
Maintenance (HMO)

Product Name: Special Amendment

Project Name/Number: Amendment/34-140 11/11

Form Schedule

Lead Form Number: 34-140 11/11

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 12/08/2011	34-140 11/11	Certificate Amendmen t, Insert Page, Endorseme nt or Rider	Amendment	Initial		50.600	34-140 11- 11FLDavis(40 -48hrs).pdf

AMENDMENT TO THE HEALTH ADVANTAGE EVIDENCE OF COVERAGE

The Health Advantage Evidence of Coverage, is hereby amended to read as follows.

GLOSSARY OF TERMS, Full-Time Employment is hereby amended to read as follows.

1. on a permanent and active basis;
2. for compensation; and
3. for at least forty (40) hours per week and forty-eight (48) weeks per year.

This amendment becomes a part of the Health Advantage Evidence of Coverage. All provisions of the Evidence of Coverage which are not contrary to the provisions of this amendment remain in full force and effect.

David F. Bridges, President
HMO PARTNERS, INC, d/b/a/ HEALTH ADVANTAGE
P.O. Office Box 8069, Little Rock, Arkansas 72203-8069

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	Maintenance (HMO)		
Product Name:	Special Amendment		
Project Name/Number:	Amendment/34-140 11/11		

Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification	Approved-Closed	12/08/2011
Comments:	Please see attached.		
Attachment:	Flesch Certification Form HA, 34-140 11-11.pdf		
		Item Status:	Status Date:
Bypassed - Item:	Application	Approved-Closed	12/08/2011
Bypass Reason:	Not required.		
Comments:			
		Item Status:	Status Date:
Bypassed - Item:	Health - Actuarial Justification	Approved-Closed	12/08/2011
Bypass Reason:	Not required.		
Comments:			
		Item Status:	Status Date:
Bypassed - Item:	PPACA Uniform Compliance Summary	Approved-Closed	12/08/2011
Bypass Reason:	Not PPACA related.		
Comments:			

Health Advantage



An Independent Licensee of the Blue Cross and Blue Shield Association

**Re: HMO Partners, Inc. d/b/a Health Advantage
Form No. 34-140 11/11**

FLESCH READING EASE CERTIFICATION

This is to certify that the above referenced document has achieved a Flesch Reading Ease Score average of 50.6 and complies with the requirements of A.C.A. §23-80-201 *et. seq.*, cited as the Life and Disability Insurance Policy Language Simplification Act.

Dail Brulje

Name

President
Title

December 8, 2011
Date